



# LONG BEACH POLICE DEPARTMENT

## COMMUNITY POLICE ACADEMY

### APPLICATION

(For PD Use Only)

CLASS DATE:

<b>NAME:</b> <i>First</i> <i>Middle</i> <i>Last</i>			<b>DATE OF BIRTH:</b> / /
<b>HOME ADDRESS:</b> <i>(Please, no P.O. boxes)</i> <i>Street</i> <i>City</i> <i>Zip Code</i>			
<b>EMPLOYER:</b> <i>Name</i> <i>Street</i>		<i>Type of Business</i> <i>City</i> <i>Zip Code</i>	
<b>CONTACT INFORMATION:</b> <i>Cell:</i> <i>Work:</i> <i>Home:</i> <i>E-Mail Address:</i>			

**REQUESTED CLASS DATE:**

April 11, 2020

July 18, 2020

September 12, 2020

October 10, 2020

1<sup>ST</sup> CHOICE: \_\_\_\_\_ 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>rd</sup> CHOICE: \_\_\_\_\_

### PERSONAL INFORMATION

<b>DRIVER'S LICENSE #:</b>	<b>STATE:</b>
<b>ETHNICITY:</b> <i>(Circle One)</i> African-American   Asian   Hispanic   Pacific Islander   White   Other _____	

**Why are you interested in attending the Community Police Academy?**

**How did you hear about the Community Police Academy?** (Please list the name of the person who told you about the academy and the organization they are affiliated with)

**Are you involved in any community/business organizations in Long Beach?**    **Yes**                      **No**

If yes, please list:

**Do you require translation assistance?**                      **Yes**                      **No**

If yes, please identify which language:

Spanish ☐      Khmer ☐      Tagalog ☐      Other: \_\_\_\_\_

**Do you have any active warrants or involvement in any open police investigations?**    **Yes**                      **No**

If Yes, please explain (use reverse side if needed):

**Have you ever been convicted of a felony?**                      **Yes**                      **No**

If yes, please list the nature of the crime and when it occurred:

**AUTHORIZATION:**

I consent to a record check to determine eligibility for the Long Beach Community Police Academy. If accepted as a participant, I agree to abide by all program guidelines and safety protocols. I understand that photos from this training may be posted on LBPD social media sites and used in promotional materials for this program.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***RETURN COMPLETED APPLICATION TO:***

Long Beach Police Department  
Attn: Community Engagement Division  
400 W. Broadway, Long Beach, CA 90802  
E-mail: [LBPDCommunityEngagement@longbeach.gov](mailto:LBPDCommunityEngagement@longbeach.gov)  
Phone: (562) 570-7401    Fax: (562) 570-8811